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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 28 PM 2:34

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**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: DRIDA LOGISTICS INCORPORATED**

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM: ION TURCANU**

Name (Printed or typed)

**824 ROYCE STR APT 88**

Address

**PENSACOLA FL 32503**

City, State & Zip

**224-203-0493**

Daytime Telephone number

**CLAIMS@BNSTRUCKING.COM**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: DRIDA LOGISTICS INCORPORATED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

824 ROYCE STR APT 88

PENSACOLA FL 32503

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: OPENED NEW BUSINESS- TRUCKING

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ION TURCANU- PRESIDENT

Name and Title: \_\_\_\_\_

Address: 824 ROYCE STR APT 88

Address: \_\_\_\_\_

PENSACOLA FL 32503

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ION TURCANU  
Address: 824 ROYCE STR APT 88  
PENSACOLA FL 32503

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ION TURCANU  
Address: 824 ROYCE STR APT 88  
PENSACOLA FL 32503

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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

10/22/2013

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

10/22/2013

\_\_\_\_\_  
Date